Renaissance of the tube in EVAR

Infrarenal double tubing with endo anchor augmentation

Johannes Gahlen
Klinikum Ludwigsburg
Disclosure

Speaker name:
Johannes Gahlen

I have the following potential conflicts of interest to report:

X Consulting

Employment in industry

Stockholder of a healthcare company

Owner of a healthcare company

Other(s)

I do not have any potential conflict of interest
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3D guided helix anchoring with a positive impact on EVAR cases which are suitable for TUBE repair
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- **Hypothesis:** Tube Endografts in infrarenal AAAs failed
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Facts:

- Type 1 Endoleak: 37% (n=158)  
  Raithel et al Zentralbl Chir 2002
- Morbid. & Mortality rates rise  
  0’Keeffe et al. 2010 Ann Vasc Surg
- Sec. shortening – migration – pulsatile movement
- Bif EVAR cases: Risk of limb occlusion
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Solution:

- Telescope technique: *minimum 2 Endo Tubes (Endurant)*
- Prox & dist Fixation: *Endo anchors (Aptus)*
- Perfect intra OP case planing: 3D Visualization, Hybrid Room
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- Rotation Angiography
- Dyna CT – Fusion
- Marking
- 3D Navigation, Virtual Guidance
- distal Tube first, than proximal Tube
- Anchoring prox than dist Tube / Neck
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Follow up n= 10

• 10.5 Mo
• No M / M
• 1 Endoleack Typ 2
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Conclusion

• selective morphologies
• safe, quick Procedure
• no limb problems
• reduced access problems
• anchoring avoids migration
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